

HEALTHY OPTIONS BENEFITS

2003 - 2004
(as of 03/24/03)

See web for updates: <http://maa.dshs.wa.gov/HealthyOptions/>

When **medically necessary**, here are some of the benefits (services) covered for Medicaid clients enrolled in Healthy Options (HO) and who covers the service. This list is not all inclusive. For full scope of benefit coverage, please see the HO contract. The scope of service for Medicaid clients, whether fee-for-service (FFS) or enrolled in HO, is the same, although specific items may differ, along with the authorization requirements, billing and reimbursement. **Please note that the Healthy Options (HO) plans make their own determination of medical necessity** in accordance with the definition in Washington Administrative Code (WAC) 388-500-0005.

ADATSA=Alcohol & Drug Addiction Treatment Support Act **ADSA**=Aging & Disability Service Administration
CD=Chemical Dependency *also called Substance Abuse* **CMHC**=Community Mental Health Center **DASA**=Division of Alcohol & Substance Abuse **EPSDT**=Early & Periodic Screening, Diagnosis & Treatment **ETP**= Exception to Policy under FFS **ER**=Emergency Room **FFS**=fee-for-service (Medical Assistance) **HO**=Healthy Options
MAA=Medical Assistance Administration **MHD**=Mental Health Division **RSN**=Regional Support Network
PCP=primary care provider (Healthy Options) **WIC**=Women, Infants, & Children Program

ITEM	HOW COVERED	COMMENTS/REFERENCES
ABI Vests	Healthy Options	
Abortions		See Pregnancy Terminations .
Acupuncture	Not a covered benefit	
Adult Day Health	FFS	
Alcoholism		See Chemical Dependency Services, Inpatient and Outpatient .
Ambulance Services (including air)	Healthy Options	Emergent only or transporting between facilities.
Antigen (allergy serum)	Healthy Options	
Attention Deficit Hyperactivity Disorder	Healthy Options	The plans cover medications, medical assessments, medically related services, and psych test. CMHCs cover some behavioral situations. Schools are limited to working with behaviors impacting education.
Audiology Tests	Healthy Options	Note: Hearing aids are FFS.
Autologous Blood	Healthy Options	Covered are blood, blood components, human blood products & their administration.
Biofeedback Therapy	Not a covered benefit	
Birthing Centers/Home Birth		Plan decision whether to cover.
Birth Control		See Family Planning .
Blood Products	Healthy Options	See Autologous Blood .
Braces (Orthopedic)	Healthy Options	Prosthetic and orthotic devices, orthopedic appliances and braces, medical supplies.
Braces (Orthodontics)	FFS	See Dental .
Breast Implant Removal	Healthy Options	
Breast Pumps	Healthy Options	
Breast Reductions	Healthy Options	Cosmetic surgery not covered.
Cardiac Management	Healthy Options	
Chemical Dependency Services, Inpatient	Hospitals with approval by DASA	Pregnant women only--admissions need ADATSA prior approval. HO plan needs to coordinate care.
Chemical Dependency	DASA certified agencies.	HO plan needs to coordinate care and is responsible for

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(CD) Services, outpatient & detoxification	Contact DASA for current list. http://www1.dshs.wa.gov/dasa/services/treatment/dasatreatment.htm	any inpatient or outpatient treatment needed for medical conditions (e.g. lacerations, malnutrition, dehydration, cirrhosis) resulting from or associated with the chemical dependency, even if covered at a DASA treatment center (unless not in plan's service area). The DASA facility must coordinate with the plan (see # memo 02-83). If treated at ER but transferred to another facility, ER service is covered by HO.
Chemotherapy	Healthy Options	
Childbirth Classes	FFS	Referred by First Steps worker.
Chiropractic Care	Not covered except for children referred in EPSDT--Healthy Options	Children only with referral from PCP.
Circumcision	Not covered UNLESS medically necessary—Healthy Options	
Cleft Palate		See Dental notes.
Cochlear Implants	Healthy Options	Includes repairs and replacement parts such as battery packs, cables, speech processors, etc.
Contraceptives		See Family Planning .
Court-Ordered Services That Are Not Medically Necessary	Not covered; Healthy Options covers if it is a court "consent to treat"	This exclusion applies to services requested merely for forensic or legal reasons. If court gives consent to treat (authorization) for child in foster or group care, HO covers. Note: a child protective services (CPS) worker taking child to medical provider does not necessarily equate to "court ordered."
Cosmetic Surgery	Not a covered benefit	
Diapers, Pull-ups & Incontinence Supplies	Healthy Options	Not generally for children under age three (3) unless medically necessary
Dental Care	FFS	Medical conditions related to oral conditions, such as infections, TMJ, cleft-palate, post-accident surgeries and injuries to natural teeth, are covered by HO. Surgery by physician is HO; by oral surgeon is FFS. PCP with admitting privileges at hospital chosen by dentist does physical for hospital surgery—otherwise, FFS for physician with same privileges.
Diabetic Supplies	Healthy Options	
Dialysis	Healthy Options	Hemodialysis or other appropriate procedures or treatment for renal failure including equipment.
Durable Medical Equipment & Supplies	Healthy Options	
Eating Disorders	Healthy Options	
Emergency Care Services (includes medications prescribed by an out-of-area ER provider)	Healthy Options	Note: follow-up care to an emergent visit must be authorized, referred or provided by plans. Note: this also includes mental health diagnoses treated at ER.
Emergency Contraceptive Counseling		See Family Planning .
Enteral/Parenteral Therapy	Healthy Options	
EPSDT	Healthy Options	See EPSDT Billing Instructions .
Exception to Policy (ETP) Items	FFS, if approved	Plans can choose to make exceptions but are not required to do so.

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Eye Exams & Refractions	Healthy Options	No prior authorization needed but HO client must use plan's provider network. One exam for adults every 24 months and one every 12 months for children under age 21; more frequently if problem.
Eyeglasses, Contact Lenses & Fittings	FFS	Broker supplies hardware through FFS provider
Eye Training (Orthoptics)	Not covered	Note: eye patches may be used for other medically necessary services.
Family Planning Services	Healthy Options or FFS Family Planning Provider /Pharmacy (360) 725-1652 for current list	Client has choice of either FFS or HO. All FDA-approved birth control methods covered. Prescriptions written by Family Planning Provider covered FFS. Over-the-counter contraceptive items available without a prescription. When HO provider refers a client for these, the plan is responsible for payment. Emergency contraceptive counseling covered FFS if HO doesn't cover—see # memo 99-52 —prescription costs covered by plan. See Sterilizations .
Fertility Drugs	Not a covered benefit	
Gastroplasty	FFS	With prior approval from MAA.
Genetic Counseling	FFS	Prenatal Diagnosis Genetic counseling only.
Glucometers	Healthy Options	
Hearing Aid Devices	FFS Provider	Includes fitting, follow-up care, and repair.
Hemodialysis	Healthy Options	
HIV/AIDS screening	Healthy Options or FFS	FFS at Health Departments or Family Planning Clinics.
Home Health	Healthy Options	
Hospice	Healthy Options	
Hospital, Inpatient	Healthy Options	Covered by plan at time of admission through discharge (even if transferred to another acute care hospital). Note: if a mom is admitted prior to HO enrollment and delivers after being enrolled, both mom and baby are covered FFS until discharge.
Humidifiers	Healthy Options	For specific oxygen-related services only.
Immunizations/ Vaccinations	Healthy Options or health departments	No travel immunizations. When a HO provider refers a client to health department, the plan is responsible for payment.
Impotence & Sexual Dysfunction	Not a covered benefit	
Incarcerated Clients Services	FFS for only certain services	Incarceration begins when client is arrested/put in custody.
Infertility Services	Not covered	
Inpatient Admission Physicals for Oral Surgery	FFS or HO if performed by PCP with admitting privileges	
Interpreters, Medical	Provided through MAA contracted brokers for medical visits & medical fair hearings. See # Memo 02-86 for current list.	Note: provider arranges for interpreter. Also, the plan may use any provider for plan business.
Laboratory Services	Healthy Options	FFS if lab services for medical management prescribed by providers covered by MHD. See also Pathology on the matrix.
Lice Combs	Healthy Options	Plan covers nondurable medical supplies for head lice; choice of product up to plan.

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Mammograms	Healthy Options	
Mammoplasty	Healthy Options	After mastectomy only, not for cosmetic reason.
Massage Therapy	Not a covered benefit	
Maternity & Prenatal Care	Healthy Options	
Maternity Case Management	FFS <i>Contact 1st Steps Clearinghouse (360)725-1666 for list</i>	For certain high-risk patients. (360) 725-1666 if questions.
Maternity Support Services	FFS <i>Contact 1st Steps Clearinghouse (360) 725-1666 for list</i>	Includes birth classes from certain hospitals. (360) 725-1666 if questions.
Mental Health, Inpatient	Hospitals paid by MHD	Must be authorized by the RSN. See Hospital Billing Instructions and MAA Numbered Memo 01-03 . http://fortress.wa.gov/dshs/maa/Download/PublicationsFees.htm . Note: medical care for mental health at emergency rooms is covered by HO.
Mental Health, Outpatient	CMHCs <i>Contact MHD for RSNs/CMHCs (360) 902-0780</i>	Clients have a choice of where they obtain mental health services. They can either self-refer to the CMHC as needed, including medication management. Or they can obtain limited services through their HO plan's mental health network of providers. The services through HO include: <ul style="list-style-type: none"> • Up to 12 hours of treatment per calendar year. • Psych testing once every 12 months for adults 21 and over, or as needed if identified by EPSDT screens for children under age 21. • Medication management is also covered and is not included in the 12-hour limit. NOTE: Prescriptions written by CMHC providers are covered by FFS.
Midwives	Healthy Options	
Naturopathy	Not a covered benefit	
Neurodevelopmental Center Services	FFS from 14 centers—see note	Boyer Children's Clinic (206) 325-8477; Chelan-Douglas Development Service (509) 663-6001; Children's Therapy Center of Kent (253) 854-5660; Good Sam Children's Therapy Unit (253) 848-6661; Holly Ridge Center (360) 373-2536; Kindering Center (425) 747-4004; Mary Bridge Children's Health Center (Neurodevelopmental Unit) (253) 594-1415; Progress Center, Inc. (360) 425-9810; Providence Hospital Children's Center Everett (425) 258-7311; Skagit Preschool Association for the Rehab of Children (360) 755-9611; Spokane Guild's School (509) 326-1651; St. Joseph's Hospital Children's Neurodevelopmental Center (360) 734-5400; Valley Medical Center Children's Therapy Services (425) 575-4715; Yakima Valley Memorial Hospital (Child Health Center/Children's Village) (509) 575-8000
Neurodevelopmental Therapy: OT, PT, ST	Healthy Options unless it is provided at one of 14 NDC (see above)	See above for NDC centers covered FFS. Note: Schools provide some services related to education during school year FFS but non-educational services provided by HO.
New Medicines & Vaccines (e.g. Prevnar)	Healthy Options	If medically necessary as determined by plan.
Nursing Facility & Home	ADSA 1-800-422-3263;	Home and Community Based services such as COPES and

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& Community Based Services	<i>(Healthy Options covers only if the plan chooses to do so in lieu of hospitalization)</i>	personal care services.
Nursing (including private duty) Services	Healthy Options	
Nutritional Counseling	Healthy Options	Specific conditions only such as high blood pressure, anemia, and diabetes; and for children with certain criteria.
Organ Transplants	Healthy Options	Heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, kidney, kidney-pancreas, cornea, peripheral blood stem cell.
Orthotics	Healthy Options	
Ostomy Supplies	Healthy Options	
Out-of-Area Care	Healthy Options	Urgent and Emergency care only.
Oxygen & Respiratory Services	Healthy Options	
Pain Management	Healthy Options	Once/lifetime up to 21 days.
Pathology Services	Healthy Options	DASA is responsible for comprehensive toxicology procedures for DASA clients who are pregnant/postpartum or methadone clients. HO covers CPT codes: 80100- 80103. <i>Julie Lake 11/24/98 letter to plans.</i>
Personal Care Services	ADSA 1-800-422-3263	In certain conditions.
Pharmaceutical Products (includes nutritional supplements and supplies, FDA approved contraceptive drugs, supplies, devices and over-the-counter products, antigens & allergens; vitamins & iron for prenatal/ postnatal care)	Healthy Options except prescriptions written by CMHC, health dept. for family planning, STDs, dentists, or Title X Family Planning Providers—these are covered FFS.	HO's formulary must be therapeutically equivalent to MAA's (but not necessarily the same drugs). Prescriptions from DASA, CMHC, family planning clinics, health departments (for family planning or STDs) or dental providers should be billed FFS.
Physical Medicine & Rehabilitation	Healthy Options	
Physicals	Healthy Options	Once a year for adults and according to periodicity schedule for children. Not covered for program eligibility, insurance, employment.
Physician Services	Healthy Options	Must use participating providers with plan.
Plastic Surgery	Healthy Options	Cosmetic surgery not covered.
Pregnancy Terminations, Involuntary	Healthy Options	Miscarriage, etc.
Pregnancy Terminations, Voluntary	FFS Provider	Includes care for any complications.
Private Duty Nursing	Healthy Options	
Protease Inhibitors	FFS Provider	
Psychological Testing & Evaluation	Healthy Options or CMHC	Once every 12 months for adults and unlimited for children under age 21 if needed.
Radiology & Medical Imaging Services	Healthy Options	
Reconstructive Surgery after Mastectomy	Healthy Options	
RU 486 (Day After pill)	FFS	

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Sexually-Transmitted Diseases Treatment	Healthy Options and/or FFS Health Department and Family Planning Clinic	Member can choose HO or FFS. Prescriptions written by Health Department or Family Planning Clinic paid FFS.
School Medical Services	School bills FFS	Only for special Ed students with individual/family special ed plans (IFSP).
Sexual Dysfunction & Sex Changes	Not covered	
Skilled Nursing Facility	FFS—Aging & Adult	Plans may choose to cover this in lieu of hospitalization—see Nursing Facility .
Smoking Cessation Drugs/Aids	Healthy Options for pregnant women through 60 days post-pregnancy; otherwise not covered.	Note: some HO plans do cover this for additional types of members.
Sterilizations, 21 years & up	Healthy Options (FFS if conditions not met)	Need sterilization form completed 30 days prior or meet waiver requirements. Reversals not covered.
Sterilizations, under age 21	FFS	Need sterilization forms completed 30 days prior or meet waiver requirements. Reversals not covered. HO provider can provide but bill FFS.
Supplemental Nutrition/Infant Formula	Healthy Options	Includes infant formulas when medically necessary unless it is covered by WIC within its limitations.
Supplies (nondurable)	Healthy Options	
Temporomandibular Joint (TMJ) Disorder	Dental Issues: FFS Medical Issues: Healthy Options	Plans need to evaluate patient to determine need and to coordinate care. TMJ may not be determined as purely dental in nature. See Dental .
Therapies: OT, PT, ST	Healthy Options (unless covered by a Neurodevelopmental Center)	See Neurodevelopmental Centers . Covered for both rehab and developmental reasons.
Transplants, Organs & Tissue	Healthy Options	Covered: heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, cornea, and peripheral blood stem cell. Includes all ancillary services to make it happen (e.g. donor costs and testing).
Transportation, Brokered, nonemergent	FFS Provider 1-800-562-3022 <i>for current list</i>	Broker in each county. (360) 725-1470 for MAA program manager.
Tuberculosis Screening & Follow-up	Healthy Options or Health Departments	
Visual Training	Not covered	See Eye Training .
Vitamins & Iron Supplements	Healthy Options	Only for prenatal & postnatal care.
Weight Loss Counseling Services	Healthy Options	Structured program only at approved facilities for only certain patients.
Women's Health Care	Healthy Options	Women go to any of the plan's providers without a referral from PCP. See Family Planning also.